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County-State Claims Payment Processing Improvement Task Force Meeting Notes – July 14, 2008

Launched in January 2008, the California Department of Mental Health created a C/S CPPITF to improve the Specialty Mental Health claims payment processing and services between the county and state. This Task Force will evaluate and recommend processes, tools and systems that can help to improve the current claims filing and reimbursement process between counties and the state. The Task Force will engage partners such as the Department of Health Care Services, Department of Alcohol and Drug Programs, APS, and County Mental Health Directors to develop ways to improve the county claims payment processing system. These are the brief and summarized notes from our meeting.

Attendance: Marcelo Acob, (DMH), Maria Barteaux (SF County by phone), Yvette Bell (DMH), Toquien Collier (DMH), Bob Cutler (DMH), Leda Frediani (Alameda County), Khalsa Garabunda (Los Angeles County), Sajid Hussain (DHCS), Duane Henderson (Butte County), Catherine Hendon (DMH), Don Kingdon (CMHDA by phone), Bob Olum (APS), Harriet Markell (CCCCMH),Carolynn Michaels (DMH), Sara Murillo (DMH), Vonnie Ryser (DMH), Leslie S. (Orange County), Mark Gustafson (DHCS), Sean Tracy (DMH).

New action items:

- The environmental scan will be distributed to the workgroup including internal, external, providers, partners, etc.
- Counties requested that Good Cause be allowed for system testing. Stan Bajorin (DMH) is working with DHCS on this issue.
- The responsibility for the OSAE reports will be transitioned to divisions tentatively scheduled for September 2008. Example: The Claims Processing Report will transition to Admin/Fiscal; Internal Controls to Admin and Hospitals; MHSA to Community Services Division.

Old action items:

- The DMH (Catherine Hendon) will coordinate with Mark Gustafson (DHCS) to present on the Medi-Cal Payment Error Study at a future meeting.
- Attendees are asked to provide feedback on the May-June 2008 Claims OSAE Update to DMH (Catherine Hendon).

Welcome, introductions, and updates:

1. All members introduced themselves. Guests Mark Gustafson and Sajid Hussain, Section Review Chief, DHCS introduced themselves.

Discussion Points:

1. MPES Presentation

- a. Purpose: The Medi-Cal Payment Error Study (MPES) is conducted to prevent waste fraud and abuse.
- b. Mark Gustafson discussed the prior CMS Payment Accuracy Measurement Study (PAM) and its transition into the CMS PERM. He explained that the PAM was a federally mandated component which included less strata and a different sample size.
- c. The current PERM includes random stratified sampling of various groups (refer to slide 4 page 2 of presentation). The minimum strata size is 50 claims.
- d. The purpose for sharing the DHCS health research model to the workgroup is to present a model methodology which can be used to conduct MPES and to educate and make aware of the trends across the system.
- e. If fraud is suspected the claims file is referred to the Office of the Attorney General.

2. Questions from the workgroup.

- a. Q: When looking at the payment error rates are underpayments considered?
A: No, the study doesn't focus on under payments and does not adjust under payments.
- b. Q: When it is discovered that there is an overpayment is money taken back?
A: Yes, factors such as Quality of Service and others are included in sanctions.
- c. Q: Do you look at a continuum of treatment a year prior to and after the services?
A: Yes, we look at pre and post periods specifically, why the types of treatment/services, duration, costs, etc.
- d. Please submit any follow-up questions to Catherine Hendon, DMH, who will transmit to Mark Gustafson, DHCS.

3. Strategic Planning

- a. The External Workgroup strategic planning focus group is July 21, 2008 at 3:30p.m., and the County-State Claims Task Force is the focus group without DMH participation.
- b. The notice has been distributed to the workgroup and Michael Wright from the Results Group will facilitate the meeting.

4. SDII Update from Bob Cutler.

- a. Expanded high-level participation from counties to representation of vendors and contractors with grown systems.
- b. Proposal to increase frequency of SCHIP meetings from quarterly to monthly to focus on detailed analyses of the SDII project, leaving the SDII Steering Committee to strategize, discuss issues and approaches, problem identification and resolution and to look at the big picture. This is under consideration with the DMH Executive Management team and CIO.
- c. In the last meeting the high level claims process, gated conversion, and SDII rollout timeline were discussed.

5. OSAE Issues: Claims Review and Internal Controls

- a. DHCS, DOF, and CHHS were provided the Claims Task Force corrective action plan update report on July 14, 2008, after the Task Force draft review.
- b. The responsibility for the OSAE reports will be transitioned to divisions tentatively scheduled for September 2008. Example: The Claims Processing Report will transition to Admin/Fiscal.

2:57 p.m. Adjourn